

The Utah Health Care Work Force Financial Assistance Program requires that the majority of local practicing clinicians in your service area support the recruitment/retention of a non-primary care clinician as listed on the line that follows:

Non-Primary Care clinical specialty being sought:

(If more than one type of clinician is being sought, copy this attachment and use one form for each type of specialty.)

Please provide the name, specialty, telephone number, and signature of ***each*** clinician in your service area who support this recruitment/retention effort. Also include whether these clinicians will continue to see their fair share of CHIP, Medicaid, Medicare, and indigent clients.

[illegible]

Please provide the name, specialty, telephone number, and signature for each clinician in your service area who **DO NOT** support this recruitment/retention effort. Also include whether these clinicians will continue to see their fair share of CHIP, Medicaid, Medicare, and indigent clients.

[illegible]